

**IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL CIRCUIT
McHENRY COUNTY, ILLINOIS
Probate Division**

Estate of _____)
 _____)
 _____)
 _____) Case Number _____)
 Deceased _____)

AFFIDAVIT OF HEIRSHIP

_____, under the penalties of perjury states:
 (Affiant's name)

1. The Decedent, _____, died at _____, Illinois on _____, at the age of _____ years, who had _____ children born or adopted.

(date) (number)
 2. I am of legal age, I am _____ of the Decedent. I reside at _____, Illinois.
 (state relation to Decedent)

3. Decedent was married to _____,
 (a) who is living, and is Decedent's surviving spouse.
 (b) which marriage ended in divorce. (copy of OUT OF COUNTY JUDGMENT attached)
 (c) who pre-deceased decedent on _____.
 _____ children were born or adopted of said marriage.
 (number of children)

4. Information on living children:

Name	Age	Address	Other Parent's Name

5. Information on pre-deceased children:

Name	Age at Death	Number of children born or adopted of said Child	Other Parent's Name

6. Children born or adopted of a deceased child:

Grandchild's Name	Age	Address	Parent's Name (Decedent's Child)

7. Complete this section if Decedent died without surviving spouse or living descendants.

Parents

The Decedent's mother was _____, who _____ the Decedent.
 (survived) (pre-deceased)

The Decedent's father was _____, who _____ the Decedent.
 (survived) (pre-deceased)

Brothers and Sisters

The Decedent had the following brothers and sisters:

Name	Age	Address	Survived or Pre-Deceased	Number of Children

Children of a Deceased Sibling

The Decedent had the following nieces and nephews born or adopted of a deceased sibling.

Name	Age	Address	Survived or Pre-Deceased	Parent's Name (Decedent's sibling)

8. Other information as to heirs, if needed:

Name	Age	Relationship	Address	Parent's Name

9. Except as otherwise herein specifically mentioned and set forth, there were no adoptions and no child(ren) born out of wedlock known to affiant.

10. Based on the foregoing, Decedent left surviving, as Decedent's only Heirs, the following, all of whom survived Decedent, and in the absence of an indication to the contrary, are of legal age and mentally competent:

(Disabled - D; Minor - M)

Name	Relationship	Name	Relationship

THE UNDERSIGNED states under oath that the above is true and accurate to the best of his/her knowledge.

Name _____
 Attorney for _____
 Address _____
 City, State Zip _____
 Telephone _____

 Affiant
 Subscribed and sworn to before me this
 _____ day of _____, 20____

 Notary Public PR-AFF1